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APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 10/314,817 12/09/2002 PAT 6,718,190
 which is a CIP of 09/528,880 03/20/2000 PAT 6,493,567
 which is a DIV of 08/950,244 10/14/1997 PAT 6,041,246

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and /ERIC FRANK WINAKUR/ Acknowledged			NY	5	18	7
		Initials				

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TITLE

Blood volume determination and sensor calibration

FILING FEE RECEIVED 557	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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